

2328

MARGIN RESERVED FOR BLEEDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Graham State Arizona State File No. 110
District or Township _____ or Village _____ Registered No. 930
City Bonita No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME William Whelan Jr.
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. 10 mos. 11 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOW-ED or DIVORCED. single
(Write the word)

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) 10/21/1912

7. AGE Years Months Days IF LESS than 1 day hrs. or min.
15 10 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ranch work
(b) General nature of industry, business or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Cascabel
(State or country) Cochise Co. Ariz.

10. NAME OF FATHER William Whelan

11. BIRTHPLACE OF FATHER Tucson
(State or country) Pima Co. Ariz. (city or town)

12. MAIDEN NAME OF MOTHER Y. Leon

13. BIRTHPLACE OF MOTHER Tucson
(State or country) Pima Co Ariz. (city or town)

14. Informant William Whelan
(Address) Bonita, Ariz.

15. Filed Oct-8- 1928 J. W. Stratton
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept. 2 1928
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____
that I last saw h. _____ alive on _____ 19 _____

and that death occurred, on the date stated above, at _____
The CAUSE OF DEATH* was as follows:
Killed instantly by lightning
No physician attended

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. When was disease contracted _____
If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) William Whelan, father
9/2 19 28 (Address) Bonita, Ariz.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).

19. PLACE OF BURIAL, CREMATION OR _____ DATE OF BURIAL
Bonita, Ariz. Sept. 3 1928

20. UNDERTAKER Frank J. Hollman ADDRESS Willcox Ariz.